

## **PATENT APPLICATION**

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Tokunori KATO Group Art Unit: 2624

Application No.: 09/521,946 Examiner: K. Reitz

Filed: March 9, 2000 Docket No.: 105489

For: COPYING SYSTEM FOR ENHANCED COLOR COPYING PROCESSOR

(AS AMENDED)

# AMENDMENT UNDER 37 C.F.R. §1.111

RECEIVED
JUN 2 3 2004

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Technology Center 2600

Sir:

In reply to the January 15, 2004 Office Action, the period for reply being extended by the attached Petition for Extension of Time, please consider the following:

Amendments to the Specification;

Amendments to the Claims as reflected in the listing of claims;

Amendments to the Drawings include attached replacement sheets;

and

Remarks.

06/17/2004 FFRMAIA2 00000079 09521946 02 FC:1202 90.00 GP

#### PATENT APPLICATION

Attorney Docket No.: 105489

AMENDMENT TRANSMITTAL

K. Reitz

Group Art Unit: 2624

Examiner:

OLIFF & BERRIDGE, PLC P.O. Box 19928

Alexandria, Virginia 22320 Telephone: (703) 836-6400 Facsimile: (703) 836-2787

In re the Application of

Tokunori KATO

Sir:

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Application No.: 09/521,946

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Transmitted herewith is an Amendment in the above-identified application.

Entitlement to small entity status is hereby asserted.

Small entity status of this application has been established.

The filing fee has been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
TOTAL CLAIMS	*43 MINUS	**38	=5	
INDEP CLAIMS	*6 MINUS	***6	=0	
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

	SMALL				
	ENTITY				
	RATE	ADD'L FEE			
	x 9	\$			
١	x 43	\$			
	+145	\$			
•		\$			

SMALL ENTITY				
ΩR	RATE	ADD'L FEE		
	x 18	\$90		
	x 86	\$		
ΩR	+290	\$		
		\$ 90		
	,	<del></del>		

OTHER THAN A

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Check No. 155067 in the amount of \$90 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff

Registration No. 27,075

David E. Brown

Registration No. 51,091

JAO:DEB/tbh

Date: June 15, 2004